

**Whitefield Christian Schools**5808 Finch Avenue East, Scarborough, Ontario
M1B 4Y6 Phone: 416-297-1212 Email: office@wcschools.ca**STUDENT APPLICATION FORM (A)**

Application date:		Grade requested	
Student's Legal Last Name		Student's Legal First Name(s)	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Preferred name	
Birth Date: (YYYY/MM/DD)	Current grade	Student's age	
Status in Canada: Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student VISA <input type="checkbox"/> (see Application Form B)			
Country of birth		Country of Citizenship	
If not born in Canada, when did student arrive in Canada? YYYY/MM/DD			
CURRENT SCHOOL INFORMATION			
Previous school name		City/town	
Type of school Public <input type="checkbox"/> Private <input type="checkbox"/> Catholic <input type="checkbox"/> Montessori <input type="checkbox"/> French Immersion <input type="checkbox"/> Other			
Current grade level		OEN NUMBER (if available)	
FAMILY INFORMATION: FATHER			
Name of father or legal guardian Last Name		First Name	
Address: street name and number			Apt/Unit #
City	Province	Country (other than CANADA)	
Postal Code	Home phone	Cell	
Email address		Father's Employer	
Marital status: <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> joint custody <input type="checkbox"/> sole custody <input type="checkbox"/> shared custody			
FAMILY INFORMATION: MOTHER			
Name of mother or legal guardian Last Name		First Name	
Address (or same as above <input type="checkbox"/> Street name and number			Apt/Unit #
City	Province	Country (other than CANADA)	
Postal Code	Home phone	Cell	
Email address		Mother's Employer	
Marital status: <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> joint custody <input type="checkbox"/> sole custody <input type="checkbox"/> shared custody			
EMERGENCY CONTACT (OTHER THAN PARENT)			
Name and number		Relationship to student:	
Student's Ontario Health Card Number			

STUDENT INFORMATION		
Has the student ever been: Suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Expelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain		
Has the student ever repeated a grade? Yes <input type="checkbox"/> No <input type="checkbox"/> Which grade(s)?		
Is the student on medication? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain		
List any known allergies:		
Has your child any speech impediment requiring therapy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain		
Has your child been diagnosed with any of the following: <input type="checkbox"/> ADHD <input type="checkbox"/> a learning disability <input type="checkbox"/> a hearing impairment	<input type="checkbox"/> a visual impairment <input type="checkbox"/> depression	Does he/she wear glasses? Yes No Does your child have an IEP? Yes No

I certify that the above information is true to the best of my knowledge.

Signature of applicant

Date

Documents attached:

- Photocopy of Birth Certificate or Passport ID page
- Photocopy of Permanent Resident card (if not a citizen)
- Photocopy of immunization record
- Photocopy of most recent report card (if applicable)
- Photocopy of credit counselling summary or transcript (high school only)
- A non-refundable registration fee of \$250 (per student)